



MEMBERSHIP APPLICATION
A MEMBER OF THE BLUE RIDGE SKI COUNCIL

Expiration Date \_\_\_\_\_
(To be completed by Club)

(Check as appropriate) \_\_\_\_\_ New Member \_\_\_\_\_ Renewal after Lapse

Membership type (circle) S = Single (one adult) -or- F = Family (two adults, or parent (s) and dependants)

Joining for (Oct 1 to Sept 30): 1 yr => => (New Member) (S-\$40, F-\$55) 2yrs => => (S-\$55, F-\$80) 3 yrs => => (S-\$75, F-\$105)

PRIMARY ADULT MEMBER NAME (nickname OK) \_\_\_\_\_ Month and Day of Birth \_\_\_\_\_

STREET ADDRESS or P.O. BOX \_\_\_\_\_ APT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP (9 digit if known) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_ WORK E MAIL ADDRESS (if you receive personal email there) \_\_\_\_\_

2nd ADULT MEMBER NAME (nickname OK) \_\_\_\_\_ Month and Day of Birth \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_ WORK E MAIL ADDRESS (if you receive personal email there) \_\_\_\_\_

MINOR CHILDREN NAMES (please include year of birth) \_\_\_\_\_

Hide Information on Member Directory: Address \_\_\_\_\_ Phone H \_\_\_\_\_ Phone C \_\_\_\_\_ Emails \_\_\_\_\_ ( Member Directory is only Available to Other Members)

Do you want the newsletter mailed to you ?
\_\_\_\_\_ Yes (Additional Cost for Mailing \$18.00, per renewal year.) \_\_\_\_\_ No: Email it to me for free as a PDF attachment.

Please write separate checks for membership fees and trip payments
Make check payable to the Mogul Ski Club Inc. and bring to a meeting or mail to :
New Members: How did you first hear about us? Friend \_\_\_ Website \_\_\_ Meetup \_\_\_ Facebook \_\_\_

Nancy Wolfe
833 Washington Drive
Chesapeake, VA 23322

Recruited by a member (name) \_\_\_\_\_

Activities of Interest: Bicycling \_\_\_ Dining Out \_\_\_ Kayaking \_\_\_ Skiing \_\_\_ Camping \_\_\_ Girls Night Out \_\_\_
Wine Tasting \_\_\_ Concerts \_\_\_ Golf \_\_\_ Other \_\_\_\_\_

In consideration of the benefit of membership in the Mogul Ski Club, I do hereby absolve, release and waive any and all liability claims or demands against the Mogul Ski Club Inc, its Board of Directors and Officers, and each to any member thereof, which may arise out of, or be related to any injury, damage or pecuniary loss to me or to any member of my family by reason of such club membership and participation in club sponsored activities.

Signature (s): \_\_\_\_\_ Date \_\_\_\_\_ //
\_\_\_\_\_ Date \_\_\_\_\_

Membership fees not deductible as a charitable contribution for Federal Income Tax purposes

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(below for club use only)

Check number \_\_\_\_\_ Check date \_\_\_\_\_ Check amount \_\_\_\_\_

Membership Single: Number of years \_\_\_\_\_ Family: Number of years \_\_\_\_\_